PART B - FEE(S) TRANSMITTAL /2 -7 -05								
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JOHN S. BEULI C/O ARMSTRON ONE METROPOI SUITE 2600	CK G TEASDALE, LLP				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ST LOUIS, MO 63102-2740					. (Depositor's name)			
12/08/2005 WABDELR3 00000003 070845 10766362					(Signature)			
01 FC:1501 	01 FC:1501 1400.00 DA 				(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			<u>;</u>	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/766,362 01/28/2004 Stephen W. Met				W. Metz		132002	2899	
TITLE OF INVENTION: N	IETHODS AND APPARAT	US FOR ANOMA	LY DETECT	TION		·		
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE P		CATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO •	\$1400			\$300	\$1700	02/21/2006	
EXAMINER ART U								
BRUCE, DA	2 378-008000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
GE Medical Systems Global Waukesha, Wisconsin								
Technology Compnay, LLC  Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
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Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any							credit any overnovment to	
Deposit Account Number 070845 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)								
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no lon	ger claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issa Publication Fee (if required) vords of the United States Pate	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and I from anyone Office.	ny) or to re-ape other than t	pply any previously ne applicant; a regi	y paid issue fee to the applications or the storney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature					Date December 6, 2005			
Typed or printed nameWilliam J. Zychlewicz					Registration No51-,-366			
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